

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/590789 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	2					
4	1					
5	0					
6	1					
7	0					
8	0					
9	0					
10	0					
11	0					
12	0					
13	0					
14	0					
15	0					
16	0					
17	0					
18	0					
19	0					
20	1					
21		1				
22			1			
23				1		
24					1	
25	2					
26	2					
27	2					
28	2					
29	0					
30	0					
31	2					
32	0					
33	0					
34	0					
35	0					
36	2					
37	2					
38	0					
39	0					
40	0					
41	0					
42	0					
43	0					
44	2					
45	1					
46	0					
47	2					
48	2					
49	2					
50	2					
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS		■■■■■		■■■■■		■■■■■

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		2				
52		4				
53	0					
54	0					
55	0					
56	0					
57	1					
58		1				
59			1			
60				1		
61					1	
62						1
63		0				
64						0
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96						
97						
98						
99						
100						
TOTAL IND.		4		↓		
TOTAL DEP.	←	76	←		←	←
TOTAL CLAIMS	80	■■■■■		■■■■■		■■■■■